



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Edid Ramos, M.D.

Respondent Name

XL Specialty Insurance Company

MFDR Tracking Number

M4-16-1330-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 19, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The following bill was audited and paid incorrectly."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The compensable injury is to the right knee. The HCP was not asked to address Extent of Injury nor provide Impairment Ratings for any non-compensable areas. Diabetes and Hypertension are not related to the WC injury."

Response Submitted by: CorVel

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|------------------|-------------------------------|-------------------|------------|
| April 14, 2015 | Designated Doctor Examination | \$300.00 | \$150.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guidelines for division-specific services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - P12 – Workers' Compensation State Fee Schedule Adj
 - ORC – See Additional Information
 - Notes: "Evaluation + ROM 1 body area diabetes and Hypertension are NOT work related 'injuries'"
 - B13 – Payment for service may have been previously paid

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. What is the maximum allowable reimbursement (MAR) for the disputed services?
3. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed services stating, "Evaluation + ROM 1 body area diabetes and Hypertension are NOT work related 'injuries.'" 28 Texas Administrative Code §133.307(d)(2)(H) requires that "If the medical fee dispute involves compensability, extent of injury, or liability, the insurance carrier shall attach a copy of any related Plain Language Notice in accordance with §124.2 of this title." Review of the submitted information does not find a Plain Language Notice related to diabetes or hypertension.

Further, the insurance carrier stated in their position statement that "the HCP was not asked to address Extent of Injury nor provide Impairment Ratings for any non-compensable areas." Review of the narrative provided by the requestor finds that on page 3, the doctor stated, "Carrier accepted injury per DWC32: right knee ton medial and lateral meniscus, medial collateral ligament sprain, grade 1 to 2, acute meniscal tear of the medial meniscus, hypertension, diabetes."

The insurance carrier's denial reason is not supported. The disputed services will therefore be reviewed in accordance with 28 Texas Administrative Code §134.204.

2. Per 28 Texas Administrative Code §134.204(j)(3), "The following applies for billing and reimbursement of an MMI evaluation... (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350." The submitted documentation supports that the requestor performed an evaluation of Maximum Medical Improvement. Therefore, the correct MAR for this examination is \$350.00.

This dispute involves a Designated Doctor Impairment Rating (IR) evaluation, with reimbursement subject to the provisions of 28 Texas Administrative Code §134.204(j)(4), which states that:

(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.

(i) Musculoskeletal body areas are defined as follows:

- (I) spine and pelvis;
- (II) upper extremities and hands; and,
- (III) lower extremities (including feet).

(ii) The MAR for musculoskeletal body areas shall be as follows...

- (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area.

(D) ...

(i) Non-musculoskeletal body areas are defined as follows:

- (I) body systems;
- (II) body structures (including skin); and,
- (III) mental and behavioral disorders.

(ii) For a complete list of body system and body structure non-musculoskeletal body areas, refer to the appropriate AMA Guides...

(v) The MAR for the assignment of an IR in a non-musculoskeletal body area shall be \$150.

Review of the submitted documentation finds that the requestor performed impairment rating evaluations of the right knee, diabetes, and hypertension. The right knee is categorized in the lower extremities and documentation supports that the requestor provided an impairment rating and performed a full physical evaluation with range of motion. Therefore, the correct MAR for this examination is \$300.00.

According to the submitted narrative, the requestor provided an impairment rating for the injured employee's diabetic symptoms based on "Table 14 p. 198." This table is found in the cardiovascular chapter of the AMA Guides to the Evaluation of Permanent Impairment (fourth edition). In addition, the requestor provided an impairment rating for the injured employee's hypertension symptoms based on "Table 9 p. 187." This table is also found in the cardiovascular chapter of the AMA Guides to the Evaluation of

Permanent Impairment (fourth edition). For this reason, the division finds that only one non-musculoskeletal body system was reviewed. Therefore, the correct MAR for this examination is \$150.00.

3. The total MAR for the disputed services is \$800.00. The insurance carrier paid \$650.00. An additional reimbursement of \$150.00 is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$150.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$150.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

| | | |
|-----------|--|-------------------|
| _____ | Laurie Garnes | February 10, 2016 |
| Signature | Medical Fee Dispute Resolution Officer | Date |

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.